

Health-Care Services - Utilization and Quality Management

Chapter 3

Addendum E Indicators for Monitoring and Evaluation by Contractor

I. Cost Indicators

- A.** Cost per member per month (aggregate cost) calculated on a quarterly basis. Also, stratify by type of services (TRICARE/CHAMPUS methodology).
- B.** Top 10 payment denials overall per quarter and by sex by:
 - 1.** ICD-9-CM, DRG and
 - 2.** CPT-4
- C.** Top 10 inpatient dispositions per year (stratified by age and sex) by:
 - 1.** ICD-9-CM, DRG, and
 - 2.** CPT-4
- D.** Top ten procedures by aggregate cost stratified by age and sex by:
 - 1.** CPT-4 and
 - 2.** ICD-9-CM
- E.** Top ten procedures by frequency stratified by age and sex by:
 - 1.** CPT-4
 - 2.** ICD-9-CM
- F.** Payment denials in dollars per quarter.
- G.** Number and total, and stratified by type of care, of second level denials;
- H.** Number and total, and stratified by type of care, of third level (NQMC) denials.

II. Timeliness/Access

The contractor shall state valid and reliable methods to be used to assess patient satisfaction with timeliness/access throughout the network. Waiting times for care must be addressed.

III. Quality

- A.** Percentage of Childhood immunizations by age 2 (defined as four DPT, three OPV, one MMR, and one H influenza, type B).
- B.** Percentage of cholesterol screenings in the last 5 years for persons age 20-39 and 40-64.
- C.** Percentage of mammography screening for women age 40-49 and, within the last two years, for women age 50-64.

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- D.** Percentage of pap smear screening in the last 3 years for women age 18-64.
- E.** Percentage of low birthweight babies (<2,500 grams).